Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

309014	143036595
0.1.(0.4.0)	Service Provider Identification Number (SPIN) at provide a certification form for each SAC through which it provides Lifeline service).
2017 OH	Boomerang Wireless LLC
Recertification Year State	ETC Name
enTouch Wireless	
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
oes the reporting company have affiliated	ETCs? Yes O No O
ovide a list of all ETCs that are affiliated with the reptermined in accordance with Section 3(2) of the Comm	orting ETC, using page 4 and additional sheets if necessary. Affiliation shall be nunications Act. That Section defines "affiliate" as "a person that (directly or indirectly) common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
F.R. § 76.1200.	

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	157
February	103
March	84
April	80
May	89
June	57
July	146
August	148
September	163
October	28
November	17
December	24
Total Subscribers	1096

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KAL

### Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

#### **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
_	1		-		0	0	20	28	9139	341	240	60	9828
A.	0	0	0	0	U	0	000	17	1001	121	112	32	528
B.	0	0	0	0	0	0	8	17	4984	101	110		
C.	0	0	0	0	0	0	12	11	4155	210	128	28	4544

#### Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

ort	Jan	Feb	subscribers v Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
			100							1	0	0	0
).	0	0	0	0	0	0	0	0	U	U	U	U	

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Renor	rt the numb	er of Lifeline	subscribers	the ETC con	tacted direct	ly to obtain re	ecertification	of eligibilit	Sep	Oct	Nov	Dec	Year
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	0			Total
						-	10	1	4984	210	128	28	5363
F.	0	0	0	0	0	0	10	1	7101	0010			

G. Subscribers who failed to recertify through ETC direct outreach attempt

of Lifeline subscribers desenrolled due to ineligibility or non-response to the ETC's outreach attempt.

Report	the number	r of Lifeline	subscribers d	le-enrolled d	ue to ineligib	oility or non-	response to	the ETC's or	Sep	Oct	Nov	Dec	Year
T. C.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Зер	00.			Total
G.	0	0	0	0	0	0	9	1	2396	193	80	11	2610

H. Subscribers who recertified through ETC direct outreach attempt

abor of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

Repor	t the numbe	r of Lifeline	subscribers t	that successi			T.I	Aug	Sep	Oct	Nov	Dec	Year
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sch	00.	*11.75.00		Total
							-	~	2500	17	48	17	2673
H.	0	0	0	Ø	Ø	0	3	0	0000	1 1	70	10 11	0.4.0

**Third Party** 

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

por	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
		-			0	0	0	0	0	0	0	0	0
١.	0	0	0	0	0	U	U	U	0				

Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Jar		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1.4.4.0	111	1.00		118/115 <b>B</b> 644					er er a		_		10
۲.	Λ	0	0	0	0	0	0	0	0	0	0	0	U

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

ough a request from a state administrator, third party administrator, or USAC

ерог	t the number	Feb	Mar	Apr	h a request f May	Jun	Jul Jul	Aug	Sep	Oct	Nov	Dec	Year Total
_				-		0	0	0	0	0	0	0	0
L.	0	0	0	0	0	0	U	U	0				

#### Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial \_\_\_\_\_

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	KAL
Illitiai	141-

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

isted above.	
nitial	
No Subscribers  I certify that my company did not claim federal low income support for any Lifeline subscribers for the current F data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listabove.	orm 555 sted

N = (D+F+I)	O = M/N*100
Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
5363	50.16%
	Total number of subscribers ETC is responsible for recertifying

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, V	Jahnan
Signature of Officer	haviralaan oom
klehrman@read	lywireless.com
Email Address of Offi	cer
Oliver J. Moeller	

Person Completing This Certification Form

Kimberley Lehrman, President Printed Name and Title of Officer

12/24/2018 Date 3197434641 Contact Phone Number

# **Affiliated ETCs**

SAC	Name
SAC	
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